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PTO/SB/21 (09-04)
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(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

	Examiner Name
I	Attorney Docket Number

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Application Number	10/002,854-Conf. #3669			
Filing Date	November 1, 2001			
First Named Inventor	Mark C. Poznansky			
Art Unit	1651			
Examiner Name	L. B. Lankford			
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62053CIP(51588)

ENCLOSURES (Check all that apply)								
Fee Transi	mittal Form	, Drawing(s)		After Allowance Communication to TC				
Fee	Attached	Licensing-related Papers		Appeal Communication to Board of Appeals and Interferences				
Amendme	nt/Reply	Petition		Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)				
After	Final	Petition to Convert to a Provisional Application	Proprietary Information					
Affid	avits/declaration(s)	X Power of Attorney, Revocation Change of Correspondence		Status Letter				
Extension	of Time Request	Terminal Disclaimer		Other Enclosure(s) (please Identify below):				
Express Al	bandonment Request	Request for Refund		Power of Attorney and Correspondence Address Indication				
Information	n Disclosure Statement	CD, Number of CD(s)		Form Statement Under 37 CFR 3.73(b)				
Certified C Document	opy of Priority (s)	Landscape Table on CD Return Receipt Postcard						
	issing Parts/ Application	Remarks						
	y to Missing Parts under FR 1.52 or 1.53							
	SIGNAT	URE OF APPLICANT, ATTOR	RNEY, OR	AGENT				
Firm Name	EDWARDS ANGEL	L PALMER & DODGE LLP						
Signature		Leak						
Printed name	Amy M. Ceahy	5						
Date	June 5, 2006		Reg. No.	47,739				

			being deposited with the U.S. Postal Service on commissioner for Patents, P.O. Box 1450,
Alexandria, VA 22313-1450.	_	•	, , , , , , , , , , , , , , , , , , ,
Dated: June 5, 2006	Signature:	ICIN M (Denis	se Kacinski)

PTO/SB/82 (01-06)

Approved for use through 12/31/2008. OMB 0651-0035 U.S. Patent and Trad emark Office; U.S. DEPARTMENT OF COMMERCE

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REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS

Application Number	10/002,854-Conf. #3669
Filing Date	November 1, 2001
First Named Inventor	Mark C. Poznansky
Art Unit	1651
Examiner Name	L. B. Lankford
Attorney Docket Number	62053CIP(51588)

I hereby r	evoke all į	previous p	owers of attorr	iey gi	ven in t	he abov	e-identified a	pplicatio	n.	
X A I										
	I hereby appoint the practitioners associated with the Customer Number:									
☐ Ple	ease chang	ge the con	espondence ad	idress	for the	above-	-identified app	lication t	o :	
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Ap	plicant/Inv	entor.								
			he entire intere FR 3.73(b) is er							
			SIGNATURE	of A	pplican	t or As	signee of Red	cord		
Signature Vandana Yaynık Name Vandana Yaynık										
Name Vandana Yaynik										
Date										
	NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.									
	*Total of forms are submitted.									
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(Denise Kacinski)

JUN 0 7 2005 W

PTO/SB/81 (01-06)
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POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM

Applicati	on Number	10/002,854-Conf. #3669				
Filing Da	te	November 1, 2001				
First Nar	ned Inventor	Mark C. Poznansky				
	CAR RECEPTOR AS A MEDIATOR OF					
Title	MIGRATO	RY CELL CHEMOTAXIS AND/OR, etc.				
Art Unit		1651				
Examine	r Name	L. B. Lankford				
Attorney	Docket No.	62053CIP(51588)				

I hereby revoke all previous powers of attorney given in the above-identified application. I hereby appoint: X					Attorne	y Docket No	0. 62	20030	IP(51588)	
Practitioners associated with the Customer Number: 21874 OR	I hereb	y revoke	all previous powers	of attorney g	given in	the above-	identifie	d appli	ication.	
Practitioner(s) named below: Name	I hereb	y appoint	:							
as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith. Please recognize or change the correspondence address for the above-identified application to: X	OF	OR								
Patent and Trademark Office connected therewith. Please recognize or change the correspondence address for the above-identified application to: X										
The address associated with the above-mentioned Customer Number: OR The address associated with Customer Number: Firm or Individual Name EDWARDS ANGELL PALMER & DODGE LLP Address P.O. Box 55874 City Boston State MA Zip 02205 Country US Telephone (203) 975-7505 Email aleahy@eapdlaw.com I am the: Applicant/Inventor. X Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) SIGNATURE of Applicant or Assignee of Record Signature Vandara Yamak Date 5/17/166 Name Vandara Yamak Telephone L17 - 5 2 5 - 6 010 Title and Company Authorized Signer, The Brigham & Women's Hospital, Inc. NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.		as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States								
The address associated with Customer Number: Firm or Individual Name Amy Leahy EDWARDS ANGELL PALMER & DODGE LLP	Please re	cognize c	r change the corre	spondence ad	ddress f	or the abov	e-identi	ified ap	oplication to:	
The address associated with Customer Number: Amy Leahy EDWARDS ANGELL PALMER & DODGE LLP	X TI	he addres	ss associated with t	he above-me	entioned	Customer	Number	r:		
Firm or Individual Name Amy Leahy EDWARDS ANGELL PALMER & DODGE LLP Address P.O. Box 55874 City Boston State MA Zip 02205 Country US Telephone (203) 975-7505 Email aleahy@eapdlaw.com I am the: Applicant/Inventor. X Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) SIGNATURE of Applicant or Assignee of Record Signature Vandara Yame Date 5/17/06 Name Vandara Yame Telephone U7 - 525 - 6.010 Title and Company Authorized Signer, The Brigham & Women's Hospital, Inc. NOTE: Signature of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.	OR								٦	
Firm or Individual Name		e address	associated with C	ustomer Num	ber:					
Individual Name EDWARDS ANGELL PALMER & DODGE LLP		Ī	Amy Leaby						<u> </u>	
City Boston State MA Zip 02205 Country US Telephone (203) 975-7505 Email aleahy@eapdlaw.com I am the: Applicant/Inventor. X Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) SIGNATURE of Applicant or Assignee of Record Signature Name Vandary Yamk Telephone Title and Company Authorized Signer, The Brigham & Women's Hospital, Inc. NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.										
Telephone (203) 975-7505 Email aleahy@eapdlaw.com I am the:	Address P	O. Box	55874			***·				
Telephone (203) 975-7505 Email aleahy@eapdlaw.com I am the:					1		T	- 1		
I am the: Applicant/Inventor. X Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) SIGNATURE of Applicant or Assignee of Record Signature Name Vandana Yayuk Telephone Title and Company Authorized Signer, The Brigham & Women's Hospital, Inc. NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.							<u>-</u>			
Applicant/Inventor. x Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) SIGNATURE of Applicant or Assignee of Record Signature Name Vandana Yayn Telephone Title and Company Authorized Signer, The Brigham & Women's Hospital, Inc. NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.				reiepno	me (20.	3) 9/5-/5	חם ובת	iali jali	eany@eapdiaw.com	
Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96) SIGNATURE of Applicant or Assignee of Record Signature Name Vandana Yamak Telephone Title and Company Authorized Signer, The Brigham & Women's Hospital, Inc. NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.	I —									
Signature Signature Name Vandana Yayu Title and Company Authorized Signer, The Brigham & Women's Hospital, Inc. NOTE: Signature is required, see below*.	│ └─ ''	•								
Signature Signature Name Vandana Yaym Telephone Title and Company Authorized Signer, The Brigham & Women's Hospital, Inc. NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.							96)			
Name Telephone Title and Company Authorized Signer, The Brigham & Women's Hospital, Inc. NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.										
Name Vandana Yama Telephone U17-525-6.010 Title and Company Authorized Signer, The Brigham & Women's Hospital, Inc. NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.	Signature									
Title and Company Authorized Signer, The Brigham & Women's Hospital, Inc. NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.			Vandana	Yamac'			Teleph	none	417-525-60	10
forms if more than one signature is required, see below*.	Title and C	Company			ham &	Women's	Hospit	tal, Inc	<u> </u>	
*Total of1 forms are submitted.					the entire	interest or the	eir repr es	sentative	e(s) are required. Submit mult	iple
		*Total of	1form	s are submitte	d.					

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Dated: Jwl 5, 2000 Signature: Delus Section (Denise Kacinski)

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		STATEMENTU	JNDEK 3/	CFR 3./3(t	<u>oi</u>			
Applicant/	Patent Owner:	The Brigham & Women's	s Hospital, In	ic.				
Application No./Contro	-	10/002,854			November 1, 2001			
CAR RECEPTOR AS A MEDIATOR OF MIGRATORY CELL CHEMOTAXIS AND/OR Entitled: CHEMOKINESIS								
The (Name of	e Brigham & Wor f Assignee)	men's Hospital, Inc. , a	(Type of Assigne	Non-Prose, e.g., corporation,	rofit Corporation partnership, university, government agency, etc.)			
states that	t it is:							
1. X	the assignee o	of the entire right, title, and in	nterest; or					
	(The extent (by	f less than the entire right, tit y percentage) of its ownersh	hip interest is	s %	%)			
in the pate	ent application/p	patent identified above by vir	rtue of either:	**				
w F	vas recorded in	from the inventor(s) of the pa the United States Patent an 020, or a true copy of	nd Trademark	k Office at Ree	· · · · · · · · · · · · · · · · · · ·			
	A chain of title from		atent applicat	tion/patent ide	entified above, to the current			
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Г								
to th [NO] Assig	As required by 37 CFR 3.73(b)(1)(i), the documentary evidence of the chain of title from the original owner to the assignee was, or concurrently is being, submitted for recordation pursuant to 37 CFR 3.11. [NOTE: A separate copy (i.e., a true copy of the original assignment document(s)) must be submitted to Assignment Division in accordance with 37 CFR Part 3, to record the assignment in the records of the USPTO. See MPEP 302.08]							
The under	rsigned (whose	title is supplied below) is au	uthorized to a	act on behalf o	of the assignee.			
1	Madane	Darwlo	_		5/17/06			
Yar	idan Ya	Sighature MC		Ve	Date 517-525-6010			
	1 tii Audhari	••			Гевернопе минист			
	Autnon	ized Signer for Assignee Title	-					
the date sho Alexandria,		icient postage as First Class Mail, in	n an envelope ad	ddressed to: Com	ing deposited with the U.S. Postal Service on imissioner for Patents, P.O. Box 1450, (Denise Kacinski)			